



EE Authorization Form

To: Healthy Families and Medi-Cal Program

From: _____

Family Member Number: _____

If you wish to give us permission to speak about your application with a representative of an Enrollment Entity (EE), **you must:**

Complete the "Permission to share information" section by telling us the name of the EE you are authorizing. Sign and write today's date.

Permission to share information:

Sign below to allow Healthy Families and Medi-Cal to speak to a representative of the Enrollment Entity listed below about the status of your application. This permission ends when the program mails you its decision regarding the application.

Name of Enrollment Entity I am authorizing to represent me: _____
Organization Name

Applicant's Name: (if different from above) _____
Please Print

Signature: _____ Date: _____

Mail this form to:

Healthy Families Program
Attention: Authorized Enrollment Entity
P.O. Box 138005
Sacramento, CA 95813-8005

Or, you can fax to: **1-866-848-4974**. The fax number is free.

Important: We cannot speak about your application or case with a representative of an Enrollment Entity until we receive this form.

If you have questions, please call 1-866-848-9166, Monday to Friday, 8 a.m. to 8 p.m., or on Saturday, 8 a.m. to 5 p.m. The call is free.